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TO: Mail Stop Amendment
USPTO

FAX NO.: (703) 872-9306

FROM: Arlir M. Amado
KRAMER & AMADO, P.C.

DATE: May 31, 2005

SUBJECT: U.S. Patent Application
Title: COMPOUNDS WHICH CAN BE USED TO DIAGNOSE
AND MONITOR DISEASES ASSOCIATED WITH THE
FORMATION OF AMYLOID PROTEIN FIBRILS
Serial No.: 10/534,749 ✓
Attorney Docket No.: ABG 3002

PAGES: INCLUDING COVER PAGE (11)

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- Fee Transmittal
- Credit Card Payment Form with Assignment Recordation and Late Declaration Fee of \$105.00
- Address Change (2 pages)
- Executed Declaration/Power of Attorney (2 pages)
- Assignment Recordation Cover Sheet and Assignment document (3 pages)

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PTO/SB/21 (02-04)

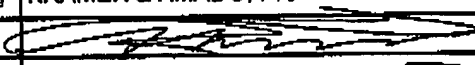
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/534,749	
	Filing Date	May 12, 2005	
	First Named Inventor	Jorge Setoain Quinquer	
	Art Unit	Unassigned	
	Examiner Name	Unassigned	
Total Number of Pages In This Submission	10	Attorney Docket Number	ABG 3002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Assignment Recordation Cover Sheet Assignment Document
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Arlir M. Amado, Reg. No. 51,399 KRAMER & AMADO, P.C.
Signature	
Date	May 31, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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MAY 31 2005

PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**105.00****Complete if Known**

Application Number	10/534,749
Filing Date	May 12, 2005
First Named Inventor	Jorge Setoain Quinquer
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	ABG 3002

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **50-0578** Deposit Account Name: **Kramer & Amado, P.C.**

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Assignment Recordation, Late Oath or Declaration

Fees Paid (\$)**105.00****SUBMITTED BY**

Signature

Registration No. 51,399
(Attorney/Agent)

Telephone (703) 413-5000

Name (Print/Type) Arlir M. Amado

Date May 31, 2005

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PAGE 3/11 * RCVD AT 5/31/2005 5:00:12 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-1/5 * DNIS:8729306 * CSID:703 4135048 * DURATION (mm-ss):03-24